



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Nicolas D.L. Jones, et al.

Serial No.: 10/663,065

Filed: September 16, 2003

Title: NETWORK ACTIVE I/O MODULE
WITH REMOVABLE MEMORY UNIT

Attorney's Docket No.: WDHD245

Group Art Unit: 2182

Examiner: Eron J. Sorrell

MAILSTOP: IDS

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

S I R:

Applicants' undersigned attorneys, who prepared the above-identified application, have been made aware of the prior art references listed on the attached Form PTO-1449, copies of which are enclosed herewith and which are relevant to said application.

U.S. PATENTS

U.S. Patent No. 5,485,590

U.S. Patent No. 6,651,110

Dated: April 8, 2004

Respectfully submitted,

Thomas E. Hill

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Attorney for Applicant

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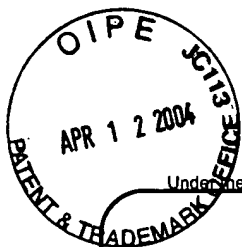
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FORM**

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TRANSMTTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/663,065	
	Filing Date	09/16/2003	
	First Named Inventor	JONES	
	Art Unit	2182	
	Examiner Name	SORRELL, ERON J.	
Total Number of Pages in This Submission	3	Attorney Docket Number	WDHD245

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	THOMAS E. HILL EMRICH & DITHMAR LLC
Signature	<i>Thomas E. Hill</i>
Date	APRIL 8, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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